

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/23/05

2 Serial/Patent #: 10/522167

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing Fee Change			\$ 100.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 100.00

8 TO BE REFUNDED BY: CC

Treasury Check

Credit Deposit A/C #:

19--48870

9 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

10 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Rita White

TITLE: Legal Assistant/Chancery

SIGNATURE: Rita White

PHONE: 7308-940 ext. 231

OFFICE: DO/EO

***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B